



Bib Data Sheet

SERIAL NUMBER 09/975,934	FILING DATE 10/15/2001	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 520.36114CX1
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APPLICANTS

Hajime Akimoto, Oume-shi, JAPAN;

Mitsuru Hiraki, Kodaira-shi, JAPAN;

Hitoshi Nakahara, Nagoya-shi, JAPAN; Takashi Akioka, Akshima-shi, JAPAN;

Yoshiyuki Kaneko, Hachioji-shi, JAPAN;

Makoto Tsumura, Hitachi-shi, JAPAN;

Yoshiro Mikami, Hitachi-shi, JAPAN;

CONTINUING DATA *****

This application is a CON of 09/043,534 03/20/1998 PAT 6,329,973
which is a 371 of PCT/JP95/01886 09/20/1995

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance <input type="checkbox"/> yes <input type="checkbox"/> no	Examiner's Signature Initials	COUNTRY JAPAN	STATE OR	SHEETS	DRAWING	CLAIMS 15	TOTAL	CLAIMS 4	INDEPENDENT
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ADDRESS

020457

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1300 NORTH SEVENTEENTH STREET

SUITE 1800

ARLINGTON, VA

22209-9889

TITLE

Image display device

FILING FEE

RECEIVED

824

No. _____
to charge/credit DEPOSIT ACCOUNT
for following:
FEE: Authority has been given in Paper

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other



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Bib Data Sheet

CONFIRMATION NO. 2676

SERIAL NUMBER 09/975,934	FILING DATE 10/15/2001 RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. 520.36114CX1
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APPLICANTS
Hajime Akimoto, Oume-shi, JAPAN;
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Yoshiro Mikami, Hitachi-shi, JAPAN;

**** CONTINUING DATA *******
THIS APPLICATION IS A CON OF 09/043,534 03/20/1998
WHICH IS A 371 OF PCT/JP95/01886 09/20/1995

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 11/16/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
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ADDRESS
020457

TITLE
Image display device

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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